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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

2

Application Number	09/757,738
Filing Date	January 9, 2001
First Named Inventor	Bong, William L.
Art Unit	1725
Examiner Name	KERNS, Kevin P.
Attorney Docket Number	ARC 01.002

ENCLOSURES (Check all that apply)

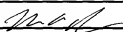
- ☐ Fee Transmittal Form
- ☐ Fee Attached
- ☐ Amendment/Reply
- ☐ After Final
- ☐ Affidavits/declaration(s)
- ☐ Extension of Time Request
- ☐ Express Abandonment Request
- ☐ Information Disclosure Statement
- ☐ Certified Copy of Priority Document(s)
- ☐ Reply to Missing Parts/
Incomplete Application
- ☐ Reply to Missing Parts
under 37 CFR 1.52 or 1.53

- ☐ Drawing(s)
- ☐ Licensing-related Papers
- ☐ Petition
- ☐ Petition to Convert to a
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- ☐ Change of Correspondence Address
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Remarks

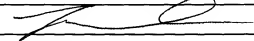
- ☐ After Allowance Communication to TC
- ☐ Appeal Communication to Board
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Virtual Legal, P.C.		
Signature			
Printed name	Michael A. Kerr		
Date	March 2, 2007	Reg. No.	42,722

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I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

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Patent Number	7148443
Issue Date	December 12, 2006
Application Number	09/757,738
Filing Date	January 9, 2001
First Named Inventor	Bong, William L.
Attorney Docket Number	ARC 01.002

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- ☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☒ Attorney or agent of record. Registration Number 42,722

Signature



Typed or Printed Name Michael A. Kerr

Date March 2, 2007

Telephone 775-841-3388

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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